



Child Care Payment Authorization Form

425 E 5th St
New Richmond WI 54017
715-246-2252
www.nracentre.com

Welcome to Child Care at the Centre. All child care at the Centre will be billed automatically.

Parent/Guardian Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip _____ Phone _____
Birth Date _____ Email _____

CHILDREN

First & Last Name	Birth Date	M/F

PAYMENT INFORMATION

I authorize the New Richmond Area Centre, Ltd. to initiate debit entries to my credit card or debit card for childcare and any other charges that I incur related to childcare. My account information will remain in effect until told in writing to the Centre that I wish to change it or no longer receive care at the Centre. **I understand that termination or changes to my account require a 15 day notice prior to the draft date and must be submitted in person.**

Payments will be withdrawn from the account you provide on the Friday before care is given.

Method of Payments

- Checking/Savings Financial Institution _____ Checking Savings
Account # _____ Routing # _____
- Credit/Debit Card # _____ Exp Date _____ MC Visa Discover
Name on Card _____
- Check here if the above is a change to previous payment information.

Parent/Guardian Signature _____ Date _____